

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ERNST VICTORY IOWA

ADDRESS (number and street) ▼

PO BOX 93441

☐ Check if different than previously reported. (ACC)

DES MOINES

IA

50393

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00610428

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

[ ]

(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

[ ]

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer CABELL HOBBS

Signature of Treasurer

CABELL HOBBS

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ERNST VICTORY IOWA

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
03		31		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2016</div></div>		<div><div></div><div>0.00</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>0.00</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>111700.00</div></div>	<div><div></div><div>111700.00</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>111700.00</div></div>	<div><div></div><div>111700.00</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>21080.00</div></div>	<div><div></div><div>21080.00</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div><div></div><div>90620.00</div></div>	<div><div></div><div>90620.00</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**ERNST VICTORY IOWA**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
01	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y Y Y
03	/	31	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

111700.00

111700.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

111700.00

111700.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

111700.00

111700.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

111700.00

111700.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

111700.00

111700.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	280.00	280.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	280.00	280.00
22. Transfers to Affiliated/Other Party Committees.....	20800.00	20800.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	21080.00	21080.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21080.00	21080.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	111700.00	111700.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	111700.00	111700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	280.00	280.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	280.00	280.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name (Last, First, Middle Initial)

A. MS. JOAN E. STARK

Mailing Address 651 S OCEAN BLVD

City

BOCA RATON

State

FL

Zip Code

33432-6220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2016

Transaction ID : SA11.78231

Amount of Each Receipt this Period

15400.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. RICHARD C. STARK JR

Mailing Address 651 S OCEAN BLVD

City

BOCA RATON

State

FL

Zip Code

33432-6220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2016

Transaction ID : SA11.78232

Amount of Each Receipt this Period

15400.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. ROBERT E. KELSO

Mailing Address 640 IVY LN.

City

SAN ANTONIO

State

TX

Zip Code

78209-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2016

Transaction ID : SA11.78265

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

32800.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ERNST VICTORY IOWA**

Full Name (Last, First, Middle Initial)

**A. MR. AL G. HILL JR.**

Mailing Address 47 HIGHLAND PARK VILLAGE  
SUITE 200

City State Zip Code  
DALLAS TX 75205-2786

FEC ID number of contributing  
federal political committee.

C

Name of Employer

A.G. HILL PARTNERS, LLC

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 21 / 2016

Transaction ID : SA11.78280

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MR. JOHN W. GLEESON**

Mailing Address 58 RED BRIDGE DRIVE

City State Zip Code  
SIOUX CITY IA 51104-1061

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KLINGER COMPANIES, INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 28 / 2016

Transaction ID : SA11.78286

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MR. AUGUST A. BUSCH III**

Mailing Address ONE MID RIVERS MALL DRIVE  
STE. 210

City State Zip Code  
ST. PETERS MO 63376-4322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

03 / 31 / 2016

Transaction ID : SA11.78290

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

20000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name (Last, First, Middle Initial)

A. MR. STEPHEN I. CHAZEN

Mailing Address P.O. BOX 1229

City  
BELLAIREState  
TXZip Code  
77402-1229FEC ID number of contributing  
federal political committee.

C

Name of Employer

CORPORATE OFFICER

Occupation

OCCIDENTAL PETROLEUM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2016

Transaction ID : SA11.78297

Amount of Each Receipt this Period

15400.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. DENNIS L. ELWELL

Mailing Address P.O. BOX 187

City  
ANKENYState  
IAZip Code  
50021-0187FEC ID number of contributing  
federal political committee.

C

Name of Employer

DENNY ELWELL COMPANY LC

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2016

Transaction ID : SA11.78295

Amount of Each Receipt this Period

15400.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. BRADFORD M. FREEMAN

Mailing Address 11100 SANTA MONICA BLVD  
STE 1900City  
LOS ANGELESState  
CAZip Code  
90025-0525FEC ID number of contributing  
federal political committee.

C

Name of Employer

FREEMAN SPOGLI &amp; COMPANY

Occupation

PRIVATE EQUITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2016

Transaction ID : SA11.78291

Amount of Each Receipt this Period

2700.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

33500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ERNST VICTORY IOWA**

Full Name (Last, First, Middle Initial)

**A. MR. CHARLES P. JOYCE**

Mailing Address P.O. BOX 483

City  
WELLSVILLE

State Zip Code  
NY 14895-0483

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OTIS EASTON SERVICE LLC

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

**Transaction ID : SA11.78296**

Amount of Each Receipt this Period

15400.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. GEOFF PALMER**

Mailing Address 270 N. CANON DR.  
PENTHOUSE

City  
BEVERLY HILLS

State Zip Code  
CA 90210-5312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GH PALMER ASSOCIATES

Occupation  
BUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

**Transaction ID : SA11.78292**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25400.00

111700.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 12

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**ERNST VICTORY IOWA**

Full Name (Last, First, Middle Initial)

**A. RIGHTSIDE COMPLIANCE LLC**

Mailing Address PO BOX 341057

City  
AUSTINState  
TXZip Code  
78734Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03                  24                  2016
**Transaction ID : SB21B20160324**

Amount of Each Disbursement this Period

280.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

280.00

280.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 12

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ERNST VICTORY IOWA**

Full Name (Last, First, Middle Initial)

**A. JONI FOR IOWA**

Mailing Address PO BOX 93441

City  
DES MOINESState  
IAZip Code  
50393Purpose of Disbursement  
TRANSFER OF NET JFC PROCEEDS

Candidate Name

**JONI ERNST**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2016

Transaction ID : **SB22JFIG20**

Amount of Each Disbursement this Period

3646.75
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JONI FOR IOWA**

Mailing Address PO BOX 93441

City  
DES MOINESState  
IAZip Code  
50393Purpose of Disbursement  
TRANSFER OF NET JFC PROCEEDS

Candidate Name

**JONI ERNST**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2016

Transaction ID : **SB22JFIP20**

Amount of Each Disbursement this Period

3646.75
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JONI PAC IOWA**

Mailing Address PO BOX 93441

City  
DES MOINESState  
IAZip Code  
50393Purpose of Disbursement  
TRANSFER OF NET JFC PROCEEDS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2016

Transaction ID : **SB22JONIPIA**

Amount of Each Disbursement this Period

6753.25
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14046.75
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 12

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ERNST VICTORY IOWA**

Full Name (Last, First, Middle Initial)

**A. JOBS OPPORTUNITY AND NEW IDEAS PAC**

Mailing Address PO BOX 93441

City  
DES MOINESState  
IAZip Code  
50393Purpose of Disbursement  
TRANSFER OF NET JFC PROCEEDS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2016

**Transaction ID : SB22JONIP**

Amount of Each Disbursement this Period

6753.25
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☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6753.25
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20800.00
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